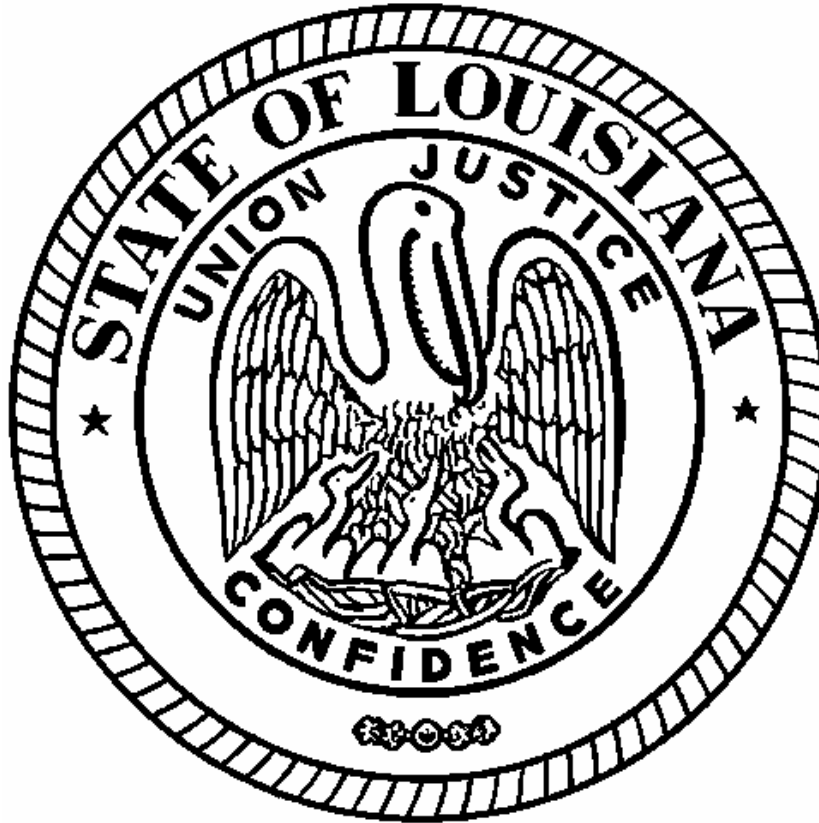


LOUISIANA STATE BOARD OF MEDICAL EXAMINERS

Renewals: 504/568-6820 (Auto Attendant) + 1

Main Number: 504/568-6820



Clinical Lab Personnel Application/Renewal Packet

(Rev. 011105)

Visit the LSBME Website at

www.lsbme.louisiana.gov

Louisiana State Board of Medical Examiners-New Orleans, Louisiana

Application Processing Address:

LSBME, P.O. Box 54383, New Orleans, LA 70154-4383

Physical Address: LSBME, 630 Camp Street, New Orleans, LA 70130

General Correspondence Mailing Address: LSBME, P.O. Box 2270, New Orleans, LA 70176-2270

Quick and Easy Access to the LSBME



LSBME WEBSITE

www.lsbme.louisiana.gov

- Download Standard Application Forms, Instructions and Publications
- Frequently Asked Questions
- Send Comments or Request Assistance
- Auto response to request status of license, permit, certification and/or registration.
- Verify license, permit, certification and/or registration: lsbmever@lsbme.louisiana.gov
- Remit Fees



MAIL/WALK-IN DELIVERY

LSBME
P.O. Box 54403
New Orleans, LA 70154-4403

Delays in processing may occur with deliveries by private courier and/or where applications are sent to any other addresses. The LSBME will also provide a written receipt to those applicants who hand deliver an application.



PHONE/E-MAIL

Renewals:

504/568-6820 (Auto Attendant) + 1:

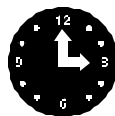
- Betty Holmes, Supervisor-
bholmes@lsbme.louisiana.gov
- Camela Stimage, Analyst –
cstimage@lsbme.louisiana.gov
- Suntanion Hull, Analyst –
shull@lsbme.louisiana.gov
- Cindy Barnes, Analyst-
cbarnes@lsbme.louisiana.gov

Continuing Education:

504/568-6820 (Auto Attendant) + 2:

- Peter Zengel, CEU Analyst –
pzengel@lsbme.louisiana.gov
- Tom Wallis, CME Analyst-
twallis@lsbme.louisiana.gov

Employees make every effort to respond to email correspondence on the workday the email is received.



OFFICE HOURS

8:30 a.m.– 4:30 p.m. CST,
Monday through Friday.

Best Availability: 8:30a.m. - 3:00p.m. CST

Applicants should refer to the LSBME website for information regarding availability of staff, methods of contacting staff, public holidays and special closings of the office.



BOARD CONTACTS

- Main Phone (504) 568-6820
- Renewals Ext 490
- Investigations & Enforcement Ext 264
- Licensure Ext 290
- Executive Ext 242



PROCESSING TIME

Do not wait to submit your renewal application. Particular attention should be given to license, permit, certification and/or registration with a due date of October through January. At those times, the LSBME experiences high volume workloads and delays are expected. Allow 30 days for processing. The LSBME verification service at www.lsbme.louisiana.gov is the **quickest** way to determine the status of your renewal. Applicants may refer to the date of deposit of fees to establish the commencement of the processing timeline. Applicants who need proof of the date the LSBME begins processing the application, should use the information from the canceled check.

This public document was downloaded from the LSBME website at www.lsbme.louisiana.gov

LOUISIANA STATE BOARD OF MEDICAL EXAMINERSLSBME, P.O. Box 54383, New Orleans, LA 70154-4383
(504) 568-6820 (Auto Attendant) + 1**APPLICATION FOR LICENSE/CERTIFICATE RENEWAL**

(Please allow 30 days for processing.)

TYPE OR BLOCK PRINT

Birth Month _____

Discipline _____

License Number _____

INSTRUCTIONS:**FRONT: COMPLETE/CORRECT ONLY THAT INFORMATION WHICH IS NEW OR HAS CHANGED****BACK: YOU MUST ANSWER ALL QUESTIONS. THEN SIGN AND DATE AT BOTTOM.****RENEWAL IS REQUIRED BY LAW ON OR BEFORE THE DATE ABOVE.****FAILURE TO RENEW TIMELY MAY RESULT IN SUSPENSION FOR NON-RENEWAL. SEE SPECIAL INSTRUCTIONS FOR FORMS AND FEES.**NAME AND ADDRESS BELOW: MAILING *AND* PUBLIC ADDRESS.

MAKE ALL NECESSARY CHANGES HERE.

Must provide at least 1 physical address.**BUSINESS ADDRESS**

STREET _____ CITY _____ STATE _____

ZIP + 4 _____ PARISH _____ PHONE (_____) _____ EXT _____

HOME ADDRESS

STREET _____ CITY _____ STATE _____

ZIP + 4 _____ PARISH _____ PHONE (_____) _____ EXT _____

FAX (_____) _____ E-MAIL ADDRESS _____

See code descriptions for next three items

SPECIALTY (1) (2) (3) (4)

AMERICAN SPECIALTY
BOARD CERTIFICATION (1) (2) (3) (4)DARKEN THE APPLICABLE CIRCLE: **O** SOLO, **O** GROUP, **O** INSTITUTIONAL, **O** MILITARY, **O** RESIDENT TRAINING, **O** PARTNERSHIP,
O CORPORATION, **O** OTHER _____ **If partnership, corporation or institutional, provide name of legal entity.**U.S. CITIZEN **O** yes **O** no VISA NATURALIZATION CERTIFICATE NO. _____ DATE _____

MILITARY: BRANCH _____ DATES from _____ to _____ DISCHARGE TYPE _____

POSTGRADUATE TRAINING (Name of hospital program, location, specialty, and inclusive dates):

_____PROFESSIONAL PRACTICE (City, State, and Country, if outside of U.S., and inclusive dates):

_____OTHER STATES IN WHICH LICENSED (State, number, and date):

_____HOSPITAL AFFILIATION:

Every physician seeking the renewal or reinstatement of licensure, on or after January 1, 2002, is required to obtain annually 20 hours of AMA PRA Category 1 credit unless exempted. Physicians falling within any of the following categories are exempt from the 20 hour AMA PRA Category 1 requirement (§447). My signature certifies my understanding that unless exempted by one of the below exemptions I am required to obtain 20 hours of AMA PRA Category 1 credit annually as a prerequisite to the continued renewal of my license to practice medicine in Louisiana.

- Initially licensed less than 1 year on the basis of examination;
- Engaged in military service longer than one year's duration outside of Louisiana;
- Certified or recertified within the past year by a member board of the American Board of Medical Specialties;
- Currently in a residency training or fellowship approved by the Board;
- Retired physician in accordance with §418 of the rules.

IF PHYSICIAN'S ASSISTANT, OCCUPATIONAL THERAPY ASSISTANT, MIDWIFE APPRENTICE, ACUPUNCTURIST ASSISTANT, OR PRIVATE RADIOLOGICAL TECHNOLOGIST, HAVE YOUR SUPERVISING PHYSICIAN/OCCUPATIONAL THERAPIST, MIDWIFE, ACUPUNCTURIST, OR PHYSICIAN COMPLETE THE FOLLOWING:

DATE _____ LICENSE NO. _____ SUPERVISOR'S
SIGNATURE _____**OVER (REVERSE SIDE MUST BE COMPLETED)**

(Rev061002)

SINCE YOUR LAST RENEWAL...**CIRCLE**

- | | YES | NO |
|--|-----------------------|-----------------------|
| 1. Have you had any physical injury or disease or mental illness or impairment which could reasonably be expected to affect your ability to practice medicine or other health profession? _____ | <input type="radio"/> | <input type="radio"/> |
| 2. Were you charged with, convicted of, or did you plead guilty to or nolo contendere to, violation of any municipal, county/parish, state or federal statute? _____ | <input type="radio"/> | <input type="radio"/> |
| 3. Were you denied membership in a state, county or local professional society? _____ | <input type="radio"/> | <input type="radio"/> |
| 4. Was your membership in a state, county or local professional society revoked? _____ | <input type="radio"/> | <input type="radio"/> |
| 5. Were you denied hospital, or other institutional, staff privileges, or admitting privileges (other than for failure to complete medical records)? <u>DO NOT COMPLETE</u> _____ | <input type="radio"/> | <input type="radio"/> |
| 6. Did you voluntarily relinquish staff membership or clinical privileges in a hospital or other institution? <u>DO NOT COMPLETE</u> _____ | <input type="radio"/> | <input type="radio"/> |
| 7. Were you the subject of disciplinary action or inquiry by a hospital or medical staff? _____ | <input type="radio"/> | <input type="radio"/> |
| 8. Were any malpractice claims settled or adjudicated against you? _____ | <input type="radio"/> | <input type="radio"/> |
| 9. Did you voluntarily surrender, or did you have suspended, revoked or restricted, your narcotics controlled substance permit (state or federal)? <u>DO NOT COMPLETE</u> _____ | <input type="radio"/> | <input type="radio"/> |
| 10. Was your application for professional examination or licensure rejected or denied? _____ | <input type="radio"/> | <input type="radio"/> |
| 11. Did you voluntarily surrender any professional license? _____ | <input type="radio"/> | <input type="radio"/> |
| 12. Was any action taken against you by any licensing authority? _____ | <input type="radio"/> | <input type="radio"/> |
| 13. Did you agree with any licensing authority not to seek re-licensure in that licensing jurisdiction? _____ | <input type="radio"/> | <input type="radio"/> |
| 14. Were you the subject of any type of disciplinary action or inquiry by any licensing authority, institution, society, etc.? _____ | <input type="radio"/> | <input type="radio"/> |
| 15. Did you have a Federal or state controlled substance permit? If yes, indicate your Federal number <u>DO NOT COMPLETE</u> your state number <u>DO NOT COMPLETE</u> and the state _____ | <input type="radio"/> | <input type="radio"/> |
| 16. Is this your correct social security number _____?
If not, enter correct social security number _____. | <input type="radio"/> | <input type="radio"/> |
| 17. NOTE: It is your responsibility to keep the Board informed of your current mailing address – failure to do so may result in late, lost, or misdirected mail for which the Board cannot be held responsible. Have you provided the correct mailing address? _____ | <input type="radio"/> | <input type="radio"/> |

I HEREBY CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, ALL STATEMENTS I HAVE MADE IN THIS APPLICATION FOR RENEWAL ARE TRUE AND CORRECT.

PERSONAL SIGNATURE REQUIRED (SIGNATURE STAMP NOT ACCEPTED)

DRIVER'S LICENSE NUMBER: _____ STATE: _____ TODAY'S DATE: _____

FAILURE TO RENEW WITHIN 30 DAYS OF DATE DUE MAY RESULT IN SUSPENSION AT THE FIRST BOARD MEETING IMMEDIATELY THEREAFTER.

LOUISIANA STATE BOARD OF MEDICAL EXAMINERS
CONTINUING EDUCATION & RESOURCES DIVISION
Continuing Education Record

ALLIED HEALTH (Other than Clinical Laboratory Personnel)

_____ RESPIRATORY THERAPIST _____ ATHLETIC TRAINER
_____ OCCUPATIONAL THERAPIST _____ MIDWIVES
_____ CLINICAL EXERCISE PHYSIOLOGIST

CLINICAL LABORATORY PERSONNEL (12 CEUs for all CLP)

_____ CLS-GENERALIST _____ CYTOTECHNOLOGIST
_____ CLS-SPECIALIST _____ LAB ASSISTANT
_____ CLS-TECHNICIAN _____ PHLEBOTOMIST

If licensee is a TRAINEE or TEMPORARY, initial (TN) or (TEMP) on category line.

WORKSHOP, PRESENTATION, OTHER	*COORDINATOR/INSTRUCTOR ADDRESS, PHONE	ATTENDANCE DATES	CONTACT HOURS	For office only APPROVED BY	DATE

This is to certify that I attended and successfully completed the educational activities recorded above. I understand that falsification of information in any way is grounds for disciplinary action by the Louisiana State Board of Medical Examiners and could result in delays in renewal and/or suspension and/or revocation of my license to practice in the discipline for which I have been licensed.

ALL WAIVER & EXTENSION REQUESTS MUST BE POSTMARKED BY THE DATE RENEWAL OF CURRENT LICENSES IS DUE!*

TOTAL CEU's _____ HRS _____

If other than Clinical Laboratory Personnel
check here if licensed less than 1 year. ____

Signature: _____ Date: _____

Athletic Trainers - Number of Continuing Education hours earned to date: (Minimum requirement: 24 credit/hours earned over a two year period.)

Clinical Exercise Physiologists - Number of Continuing Education hours earned to date: (Minimum requirement: 10 credit/hours annually.)

(Course must be preapproved by LAEP)

Midwives - Number of Continuing Education hours earned to date: (Minimum requirement: 20 credit/hours earned over a two year period.)

Occupational Therapists - Number of Continuing Education hours earned to date: (Minimum 15 credit/hours earned annually.) (Brochure with objectives must be included.)

Respiratory Therapists - Number of Continuing Education hours earned to date: (Minimum 10 credit/hours earned annually.)

Midwives, Occupational Therapists and Clinical Exercise Physiologists must provide documentation with renewal.

FOR OFFICE USE ONLY

Number of CEU's verified only

By: _____

Date: _____

Renewal Fees¹

All Clinical Laboratory Personnel Licenses Renewal Due December 31.		
Discipline	Scheduled Renewal Fee	After Due Date
GENERALISTS/TRAINEES	\$50.00	\$100.00
TECHNICIANS/TRAINEES	\$50.00	\$100.00
SPECIALISTS/TRAINEES	\$50.00	\$100.00
CYTOTECHNOLOGISTS/TRAINEES	\$50.00	\$100.00
LABORATORY ASSISTANTS/TRAINEES	\$25.00	\$75.00
PHLEBOTOMISTS	\$25.00	\$75.00

(103100)

¹ Fees are not prorated (i.e. License received mid-year fee payable in full, next annual renewal payable in full)

Office of Public Health

IMPORTANT NOTICE:
Disease Reporting in Louisiana

September 2003

Dear Colleague:

We would like to remind you about the importance of reporting communicable diseases. In light of recent events, the importance of enhancing surveillance for infectious disease and illnesses compatible with biological/chemical events cannot be overstated. The list of reportable diseases and conditions is currently being amended to include selected biological agents that might be used in a terrorist event (see attached). In Louisiana, disease surveillance rests on reporting to the *Office of Public Health (OPH)*. All health care providers, including physicians, hospitals, and laboratories are required by law to report. The confidentiality of reports is protected by state law. The reports are used in several ways:

- The surveillance data are used by *OPH* and various other health care providers for health planning, policy making, and research.
- Individual case reports of certain diseases – such as tuberculosis and syphilis – receive follow-up by *OPH* to ensure that patients receive appropriate medical treatment and that their contacts receive appropriate preventive therapy.
- Reports of some infectious diseases such as measles, salmonellosis, and vibrio infections can lead to identification of disease outbreaks that can then be controlled.
- Reports also can be used to identify groups at high risk, prompting intervention efforts targeted at those groups.
- Summaries of surveillance data are presented in our bimonthly newsletter, The Louisiana Morbidity Report, and in our Annual Summary Report.
- Rapid notification of potential bioterrorist events.

For easier reporting, we have installed a toll-free number for reporting diseases (1 800-256-2748). You can report by mailing a green EPI-2430 card or by facsimile transmission (504-568-5006) or <https://ophrdd.dhh.state.la.us>. All facsimile transmissions are considered as part of the confidential disease case report, and as such, are not subject to disclosure. A website for OPH has been developed which includes the Louisiana Morbidity Report and 1998 Annual Summary (www.oph.dhh.state.la.us/infectiousdisease/index.html.)

Thank you for your interest in the health of Louisiana's citizens.

Sincerely,



Raoult Ratard, M.D., M.P.H., & T.M., M.S.
State Epidemiologist

Sanitary Code
State of Louisiana
Chapter II
The Control of Disease

2:003 The following diseases/conditions are hereby declared reportable with reporting requirements by Class:

Class A Diseases/Conditions - Reporting Required Within 24 Hours

Diseases of major public health concern because of the severity of disease and potential for epidemic spread-report by telephone immediately upon recognition that a case, a suspected case, or a positive laboratory result is known; [in addition, all cases of rare or exotic communicable diseases, unexplained death, unusual cluster of disease and all outbreaks shall be reported.]

Anthrax	Neisseria meningitidis (invasive disease)	Smallpox
Botulism	Plague	Staphylococcus Aureus,
Brucellosis	Poliomyelitis, paralytic	Vancomycin Resistant
Cholera	Q Fever	Tularemia
Diphtheria	Rabies (animal & man)	Viral Hemorrhagic Fever
Haemophilus influenzae (invasive disease)	Rubella (German measles)	Yellow Fever
Measles (rubeola)	Rubella (congenital syndrome)	

Class B Diseases/Conditions - Reporting Required Within 1 Business Day

Diseases of public health concern needing timely response because of potential of epidemic spread-report by the end of the next business day after the existence of a case, a suspected case, or a positive laboratory result is known.

Aseptic meningitis	Hepatitis B (carriage)	Salmonellosis
Chancroid¹	Hepatitis B (perinatal infection)	Shigellosis
E. Coli 0157:H7	Hepatitis E	Syphilis¹
E. Coli Enterohemorrhagic (other)	Herpes (neonatal)	Tetanus
Encephalitis, Arthropod borne	Legionellosis (acute disease)	Tuberculosis²
Hantavirus Pulmonary Syndrome	Malaria	Typhoid Fever
Hemolytic Uremic Syndrome	Mumps	
Hepatitis A (acute disease)	Pertussis	

Class C Diseases/Conditions - Reporting Required Within 5 Business Days

Diseases of significant public health concern-report by the end of the workweek after the existence of a case, suspected case, or a positive laboratory result is known.

Acquired Immune Deficiency Syndrome (AIDS)	Hepatitis C (acute and infection)	Streptococcal Toxic Shock Syndrome
Blastomycosis	Human Immunodeficiency Virus (HIV infection)	Streptococcus Pneumoniae [invasive infection, penicillin resistant (DRSP)]
Campylobacteriosis	Listeria	
Chlamydial infection¹	Lyme Disease	
Coccidioidomycosis	Lymphogranuloma Venereum¹	Streptococcus Pneumoniae
Cryptosporidiosis	Psittacosis	(invasive infection in children < 5 years of age)
Cyclosporiasis	Rocky Mountain Spotted Fever (RMSF)	Trichinosis
Dengue	Staphylococcus Aureus, Methicillin/Oxacillin Resistant (MRSA) (invasive disease)	Varicella (chickenpox)
Ehrlichiosis	Staphylococcal Toxic Shock Syndrome	Vibrio Infections (other than cholera)
Enterococcus, Vancomycin Resistant (VRE) (invasive disease)	Streptococcal disease, Group A (invasive disease)	West Nile Fever
Giardia	Streptococcal disease, Group B (invasive disease)	West Nile Infection (past or present)
Gonorrhea¹		
Hansen's Disease (leprosy)		
Hepatitis B (acute)		

Other Reportable Conditions

Cancer	Phenylketonuria*	Spinal Cord Injury**
Complications of Abortion	Reye's Syndrome	Sudden Infant Death Syndrome (SIDS)
Congenital Hypothyroidism*	Severe Traumatic Head Injury**	
Galactosemia*	Severe Undernutrition (severe anemia, failure to thrive)	
Hemophilia*	Sickle Cell Disease (newborns)*	
Lead Poisoning		

Case reports not requiring special reporting instructions (see below) can be reported by Confidential Disease Case Report forms (2430), facsimile, phone reports, web base at <http://ophrdd.dhh.state.la.us>.

¹Report on STD-43 form. Report cases of syphilis with active lesions by telephone.

²Report on CDC72.5 (f.5.2431) card.

*Report to the Louisiana Genetic Diseases Program Office by telephone (504) 568-5070 or FAX (504) 568-7722.

**Report on DDP -3 form; preliminary phone report from ER encouraged (504) 568-2509. Information contained in reports required under this section shall remain confidential in accordance with the law.